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2346 7590 06/07/2005

BUCHANAN INGERSOLL, P.C.
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09/01/2005 WABDEL3 00000049 10032721

01 FC:1501 1400.00 DP
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Vicki Cremonese

(Depositor's name)

August 29, 2005

(Signator's)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/032,721	12/27/2001	Yukiko Kubota	010951	6364

TITLE OF INVENTION: EXCHANGE DECOUPLED COBALT/NOBLE METAL PERPENDICULAR RECORDING MEDIA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BERNATZ, KEVIN M	1773	428-69401S

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Buchanan Ingersoll, PC

2. Dennis M. Carleton

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Seagate Technology LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Scotts Valley, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-4553** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date **8/29/05**

Typed or printed name **Dennis M. Carleton**

Registration No. **40,938**

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